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CONFIRMATION NO. 7548

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO. PATRADE
10/577,976		424	1655	

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/DK04/00759 11/03/2004

**** FOREIGN APPLICATIONS *******

PANAMA 2003-01631 11/03/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

09/10/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	/QIUWEN MI/ Examiner's Signature	Initials	DENMARK	0	11

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TITLE

Composition for the Cosmetic Treatment of Age-Related Dermatological Symptoms

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit